

FEE TRANSMITTAL

Application Number 10/727,687
Filing Date December 4, 2003
Inventor(s) James Fox
Examiner Name Richard M. Lorence
Attorney Docket Number ACM 7711

Art Unit 3681
Confirmation No. 8655



☒ [X] Applicant claims small entity status.

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

☐ [] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Multiple Dependent Claims Fee \$ ____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. ☐ [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ ____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. ☒ [X] OTHER FEE(S)

☒ [X] 2 (two) month extension of time
☐ [] Information disclosure statement
☐ [] 37 CFR 1.17(q) processing fee
☐ [] Non-English specification
☐ [] Notice of Appeal
☐ [] Filing a brief in support of appeal
☐ [] Request for oral hearing
☐ [] Other: _____

Subtotal (4) \$225.00

TOTAL AMOUNT OF PAYMENT \$225.00

Andrew N. Claerbout
Andrew N. Claerbout, Reg. No. 50,202
Telephone: 314-231-5400

6/29/05
Date

ANC/jmd
Express Mail Label No. EV 696399535 US